


Instructions for Completing Preprinted DMR Forms (EPA 3320-1)


[SEQ CHAPTER \h \r 1]  **THE FORMS MUST BE SUBMITTED TO EPA EVEN IF THERE WAS NOT ANY DISCHARGE**

 A single original copy is provided. After completion of the DMR, make copies for your files and your state agency, if applicable. **RETURN THE SIGNED ORIGINAL TO EPA.**

Send the EPA copy to:



U.S. EPA, Region 9
ATTN: ENF4-1, NPDES/DMR
75 Hawthorne Street
San Francisco, CA 94105

 **FAILURE TO ADDRESS THE EPA COPY CORRECTLY MAY RESULT IN NON—RECEIPT BY EPA.**

 Please provide these instructions (or a copy) to those who fill out, assemble and/or mail out the EPA DMR forms.

DESCRIPTION OF EACH AREA ON THE DMR FORM: SPECIFIC INSTRUCTIONS

Each of the following numbered items corresponds to a like-numbered item on sample DMR form on the last page of these instructions.

 YOU provide the information for items marked with 

1. Address to which the forms are sent.
2. ATTN: Name of person to whom the forms are sent. This name does not have to be the person who will sign the completed forms. Preferably this is the person who is most familiar with the content of the forms, who is probably the person who will fill them out.
3. NPDES Permit number.
4. Discharge Number: the first three characters usually indicate the actual discharge number. However, some situations require use of "special" discharge numbers; in such cases, an explanation will appear in the Discharge Description, Item 9. The most commonly used "special" discharge numbers are:

INF When there is a large number of influent requirements, "discharge number" INF may be used to keep them all together.


Instructions for Completing Preprinted DMR Forms (EPA 3320-1)

SUM Used for MASS limits when the facility has multiple discharge points, and the permit contains only a single set of MASS limits which are applicable to the Total Facility MASS Discharge Rate. In such cases, it would be incorrect to apply the Total Facility MASS Limits to the individual discharge points. Instead, MASS discharge rates must be calculated for each discharge point, then added together to arrive at the Total Facility MASS Discharge Rate.

The fourth character is a report grouping code; some frequently used groupings are:

- A - monthly grouping
- Q - quarterly grouping
- S - semiannual grouping
- Y - annual grouping


All references herein to "discharge number" refer to all four characters as printed on the DMR forms.

5. Monitoring Period: the period covered by the DMR form. DO NOT ALTER THESE DATES.
6. Major discharger indicator.
7. Applicable only to California permittees - indicates the number of the appropriate Regional Water Quality Control Board.
8. (no longer used)
9. Discharge Description: if present, describes the Discharge Number (Item 4).
10.  "No Discharge/No Data" box: Used when NO data is being reported for the entire discharge number (as listed in the "Discharge Number" box); enter the appropriate code in the box (usually "C"); the list of codes is located at Item 26 of these instructions. If you are reporting "No Discharge" or "No Data" for the entire discharge number, you may proceed directly to Item 28 after completing this Item.

EXAMPLE: If the Discharge Number is "001 A" (as noted in the Discharge Number Box, Item 4.), and there are 5 pages for 001 A, and the reason no data is being reported is that there was no discharge, you would enter a "C" in the No Discharge box on each of the 5 pages. Additional codes and how to report "No Data" for an individual parameter are discussed in Items 26 & 27.

11. Parameter Description.
12. Parameter Code: parameters are always listed on the DMR form in Parameter Code order.
13. Monitoring Location Description: describes the waste stream to be sampled - influent, effluent, % removal, etc. If it says "SEE COMMENTS BELOW", refer to the Comments section of the form (Item 32) for an explanation.
14. Monitoring Location Code.

Instructions for Completing Preprinted DMR Forms (EPA 3320-1)

15.  Sample Measurement Boxes: enter the data you are reporting in these boxes. All “open” Sample Measurement Boxes must be filled in, except as noted in Items #10 & #26. Do NOT enter anything in the boxes that are filled with asterisks (*****).



EXPONENTIAL NOTATION IS NOT ACCEPTABLE.



WHEN CALCULATING AVERAGES WITH A MIX OF DATA POINTS ABOVE & BELOW THE PQL, THE DATA POINTS BELOW THE PQL SHALL BE TREATED AS [EQ \O(0,/)] (ZERO).



Data must be reported in the same unit of measurement as specified by Items 20 and 22.




ALL blank Sample Measurement boxes MUST be filled in, except as noted in Item 10 above, or Item 26 below. When an average is to be reported, put in the actual average of all the data for the period, regardless of how few samples are taken.

For details on reporting **Conditional Requirements, Below Detection and Not Quantifiable** - see Items #23 & # 26 below.

NON-NUMERIC ENTRIES: the only acceptable non-numeric entries are:

| | |
|---------------------------|--|
| > (greater than) | requires an accompanying numeric value |
| < (less than) | requires an accompanying numeric value |
| - (negative number) | requires an accompanying numeric value |
| E (estimate) | requires an accompanying numeric value |
| T (too numerous to count) | bacteriological - valid only by itself |

16.  No. Ex. — The total number of times that the limit(s) for the parameter were exceeded during the monitoring period.

For example, assume there are concentration limits for Monthly Average, Weekly Average and Daily Maximum: if the Daily Max was exceeded 5 times, and the Weekly Average was exceeded 2 times, and the Monthly Average was exceeded 1 time, the total number of times the limits were exceeded is 8. Additionally, if any mass loading limits were exceeded, those must be counted also.

17.  Reported Frequency of Analysis.

18.  Reported Sample Type.

Limits, Monitoring, and Reporting Requirements (Items 19 thru 25) are obtained from the Effluent Limits and/or Monitoring & Reporting Program sections of the NPDES permit.

19. Mass Emission Limits.¹

20. Mass Emission Units: LBS/DAY, KG/DAY, MGD, etc.


Instructions for Completing Preprinted DMR Forms (EPA 3320-1)

21. Concentration Limits.
22. Concentration Units: MG/L, SU, etc.
23. Description of values to be reported: defines the statistical value to be entered in the corresponding "Sample Measurement" box. Each value should be calculated as directed in the permit.

When there are multiple averages during the reporting period, as would be the case with Weekly or 7-Day Averages, the highest one should be reported on the DMR form. For "Daily Max", report the highest single sample value obtained during the month.



WHEN CALCULATING AVERAGES WITH A MIX OF DATA POINTS ABOVE & BELOW THE PQL, THE DATA POINTS BELOW THE PQL SHALL BE TREATED AS [EQ \O(0,/)] (ZERO).

24. Required Sampling Frequency.
25. Required Sample Type.
26.  No Discharge / No Data (NODI) Indicator for the entire parameter: put the letters "NODI" and the appropriate code in parentheses in EACH of the empty Sample Measurement boxes for the parameter where no numeric values are being reported.
27. Partial NODI: You can report a mix of NODI Codes and numeric values.

Example: NODI (B). The available codes are listed below.

| <u>Code</u> | <u>Meaning</u> |
|-------------|----------------|
|-------------|----------------|

| | |
|----------|--|
| 1* | Wrong Flow |
| 2 | Operation Shutdown |
| 4 | Discharge to Lagoon/Groundwater |
| 5 | Frozen Conditions |
| 7 | No Influent |
| 9 | Conditional Limit/Reporting; not required this Monitoring Period |
| A | General Permit Exemption |
| B | Below Detection Limit/No Detection |
| C | No Discharge |
| D* | Lost Sample/Data Not Available |
| E* | Analysis Not Conducted/No Sample |
| F | Insufficient Flow for Sampling |
| G* | Sampling Equipment Failure |
| H* | Invalid Test |
| I | Land Applied |
| J | Recycled - Water-Closed System |
| K | Flood Disaster |
| Q | Not Quantifiable |
| S | Fire Conditions |
| V | Weather Related |
| W | Dry Lysimeter/Well |

Instructions for Completing Preprinted DMR Forms (EPA 3320-1)

* Unless monitoring is completely optional (conditional monitoring is not optional), use of these NODI codes will constitute a Non-Reporting violation.

Below Detection: when ALL data points for given a parameter/monitoring period are below the MDL (Method Detection Limit), report the parameter as NODI (B).



NODI (B) CANNOT BE USED FOR A GIVEN PARAMETER/MONITORING PERIOD IF ANY SINGLE DATA POINT FOR THAT PARAMETER/MONITORING PERIOD IS ABOVE THE MDL.






Not Quantifiable: when ALL data points for a given parameter/monitoring period are below the PQL (Practical Quantitation Level), but 1 or more are equal to or above the MDL (Method Detection Limit), report the parameter as NODI (Q).



NODI (Q) CANNOT BE USED FOR A GIVEN PARAMETER/MONITORING PERIOD IF ANY SINGLE DATA POINT FOR THAT PARAMETER/MONITORING PERIOD IS ABOVE THE PQL.



WHEN CALCULATING AVERAGES WITH A MIX OF DATA POINTS ABOVE & BELOW THE PQL, THE DATA POINTS BELOW THE PQL SHALL BE TREATED AS [EQ \O(0,)] (ZERO).

- 28.  Typed or printed name of principal executive officer.
- 29.  Signature of principal executive officer or authorized agent.
- 30.  Phone number of the person signing the form.
- 31.  Date of signature.
- 32.  Comments: May contain special instructions, explanations, etc. May also be used by permittee to enter comments.

¹ When no limits apply, but monitoring and reporting is still required, "REPORT" will appear in place of a numerical limit in Items 19 and 21. "REPORT" means that the indicated value (such as 30DA AVG) ***must be reported***. If the word "OPTIONAL" is present (instead of REPORT) it means that reporting of the indicated value is desirable, but not required.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ANYTOWN, CITY OF

ADDRESS: PO BOX 117

ANYTOWN CA 90999-9998

FACILITY: ANYTOWN WWT

LOCATION: ANYTOWN CA 90999-9998

ATTN: JACK B NIMBLE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

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MAJOR (SUPER 027) DISCHARGE 001/MONTHLY External Outfall

No Discharge

| PARAMETER | 2 | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE | |
|--|----|---------------------|-------|--------|--------------------------|-------|-------|---------|-------------------|-------------|----|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | UNITS | | | | |
| BOD 5-DAY (20 DEG. C) 00310 1 0 0 | 11 | 15 | 19 | 15 | 15 | 21 | 15 | 22 | 16 | 17 | 18 |
| EFFLUENT GROSS VALUE | 12 | 23 | 23 | | 30 | 45 | 23 | | 24 | 25 | |
| MODI AT THE INDIVIDUAL VALUE | 27 | 3.0 | 4.4 | LBS/DY | 5.0 | 2.5 | MG/L | | ONCE/ MONTH | COMPOS | |
| MODI FOR THE WHOLE PARAMETER | 26 | 3.0 | 4.4 | LBS/DY | 30 | 45 | MG/L | | ONCE/ MONTH | COMPOS | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | | | | | | | | | |
| CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND ENLARGED THE INFORMATION SUBMITTED, BASED ON MY INSIGHT OF THE PERSON OR PERSON MANAGING THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE, BELIEF, TRUST ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. | | | | | | | | | | | |
| TYPED OR PRINTED | | | | | | | | | | | |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | | | | | | | | | |